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| Fill in this information to identify your case: |                                 |                                 |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|   | Chapter 7                       |                                 |
|   | ☐ Chapter 11                    |                                 |
|   | ☐ Chapter 12                    |                                 |
|   | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: |                                | Identify Yourself   |   |     |   |
|---------|--------------------------------|---|---|-----|---|
|         |                                |   | About Debtor 1:                                 | Abo | out Debtor 2 (Spouse Only in a Joint Case): |
| 1.      | You                            | r full name   |   |     |   |
|         | your<br>pictu<br>exar<br>licer | e the name that is on<br>government-issued<br>ure identification (for<br>nple, your driver's<br>use or passport). | Robert First name  J Middle name                |     | t name                                      |
|         | iden                           | g your picture<br>tification to your<br>ting with the trustee.  | Dunne  Last name and Suffix (Sr., Jr., II, III) | Las | t name and Suffix (Sr., Jr., II, III)       |
| 2.      |                                | other names you have<br>d in the last 8 years   |   |     |   |
|         |                                | ide your married or<br>den names.   |   |     |   |
| 3.      | you<br>num<br>Indi             | the last 4 digits of<br>r Social Security<br>sber or federal<br>vidual Taxpayer<br>tification number              | ххх-хх-0177                                     |     |   |

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Case number (if known)

Debtor 1 Robert J Dunne

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 9540 S Mayfield Oak Lawn, IL 60453 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

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Document Case number (if known) Debtor 1 Robert J Dunne

| Par   | Tell the Court About  | Your B   | sankruptcy Ca                  | ise   |                                     |  |      |
|---|---|--|--------------------------------|---|-------------------------------------|--|------|
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.  Chapter 7 |                                |   |                                     |  |      |
|   | choosing to file under  |  |                                |   |                                     |  |      |
|   |   | □с   | hapter 11                      |   |                                     |  |      |
|   |   | □с   | hapter 12                      |   |                                     |  |      |
|   |   | □с   | hapter 13                      |   |                                     |  |      |
|   |   |  |                                |   |                                     |  |      |
| 8.  | How you will pay the fee  |  | about how yo                   | u may pay. Typi<br>attorney is subm                       | cally, if you are paying the fee yo | with the clerk's office in your local court for more de<br>urself, you may pay with cash, cashier's check, or mo<br>alf, your attorney may pay with a credit card or check | ney  |
|   |   |  | I need to pay<br>The Filing Fe | n, sign and attach the Application for Individuals to Pay |                                     |  |      |
| ☐ I request that my fee be waived (You may request this option only if you are filing |   |  |                                |   |                                     | only if you are filing for Chapter 7. By law, a judge n  | nay, |
|   |   |  |                                |   |                                     | ur income is less than 150% of the official poverty lin-<br>installments). If you choose this option, you must fill  |      |
|   |   |  |                                |   |                                     | ial Form 103B) and file it with your petition.   |      |
|   |   |  |                                |   |                                     |  |      |
| 9.  | Have you filed for bankruptcy within the  | ■ No   |                                |   |                                     |  |      |
|   | last 8 years?   | □ Ye   |                                |   |                                     |  |      |
|   |   |  | District                       |   |                                     | Case number  |      |
|   |   |  | District                       |   | When                                | Case number  |      |
|   |   |  | District                       |   | When                                | Case number  |      |
| 10.   | Are any bankruptcy  | ■ No   | <br>0                          |   |                                     |  |      |
|   | cases pending or being filed by a spouse who is                                       | □ Ye   | es.                            |   |                                     |  |      |
|   | not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? |  | <b>76</b> .                    |   |                                     |  |      |
|   |   |  | Debtor                         |   |                                     | Relationship to you  |      |
|   |   |  | District                       |   | When                                | Case number, if known  |      |
|   |   |  | Debtor                         |   |                                     | Relationship to you  |      |
|   |   |  | District                       |   | When                                | Case number, if known  |      |
| <br>11.   | Do you rent your  |  | o. Go to l                     | ine 12.   |                                     |  |      |
|   | residence?  | <b>■</b> Ye  |                                | our landlord obta   | ined an eviction judgment agains    | t you?   |      |
|   |   | — . · ·  | <b>.</b> ■                     | No. Go to line 1  | 2.                                  |  |      |
|   |   |  |                                |   |                                     | Judgment Against You (Form 101A) and file it with thi  |      |
|   |   |  |                                | bankruptcy peti   |                                     | rudyment Against 100 (FOIII 101A) and me it with thi   | 5    |
|   |   |  |                                |   |                                     |  |      |

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Document Page 4 of 59 Case number (if known) Debtor 1 **Robert J Dunne** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. husiness? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). Code. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Robert J Dunne

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

Case number (if known)

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 **Robert J Dunne** Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion ■ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Robert J Dunne Signature of Debtor 2 **Robert J Dunne** Signature of Debtor 1 Executed on Executed on June 11, 2018 MM / DD / YYYY MM / DD / YYYY

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Debtor 1 Robert J Dunne Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Julie M Gleason                    | Date          | June 11, 2018      |  |
|--|---------------|--------------------|--|
| Signature of Attorney for Debtor       |               | MM / DD / YYYY     |  |
|  |               |                    |  |
| Julie M Gleason 6273536                |               |                    |  |
| Printed name                           |               |                    |  |
| Gleason & Gleason                      |               |                    |  |
| Firm name                              |               |                    |  |
| 77 W Washington, Ste 1218              |               |                    |  |
| Chicago, IL 60602                      |               |                    |  |
| Number, Street, City, State & ZIP Code |               |                    |  |
| (0.40) === 0.500                       |               |                    |  |
| Contact phone (312) 578-9530           | Email address | troy@chicagobk.com |  |
| 6273536 IL                             |               |                    |  |
| D                                      |               |                    |  |

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|---------------------|--------------------------|-------------------|------------------|--|
| Fill in this infor  | mation to identify your  | case:             |                  |  |
| Debtor 1            | Robert J Dunne           |                   |                  |  |
|                     | First Name               | Middle Name       | Last Name        |  |
| Debtor 2            |                          |                   |                  |  |
| (Spouse if, filing) | First Name               | Middle Name       | Last Name        |  |
| United States Ba    | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS      |  |
| Case number         |                          |                   |                  |  |

☐ Check if this is an amended filing

## Official Form 106Sum

(if known)

## Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |                    |                         |
|-----|--|--------------------|-------------------------|
|     |  | Your as            | ssets<br>f what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$                 | 0.00                    |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$                 | 8,160.00                |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$                 | 8,160.00                |
| Par | t 2: Summarize Your Liabilities  |                    |                         |
|     |  | Your lia<br>Amount | abilities<br>you owe    |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$                 | 12,423.00               |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$                 | 0.00                    |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$                 | 9,254.00                |
|     | Your total liabilities   | \$                 | 21,677.00               |
| Par | t 3: Summarize Your Income and Expenses  |                    |                         |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$                 | 1,587.00                |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$                 | 1,565.00                |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |                    |                         |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other sch       | edules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |                    |                         |
|     | Vous dabte are primarily consumer dabte. Consumer dabte are those "incurred by an individual primarily for   | a parcanal         | family or               |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) Debtor 1 Robert J Dunne

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

0.00 \$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total cla | im   |
|--|-----------|------|
| From Part 4 on Schedule E/F, copy the following:   |           |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$        | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$        | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$        | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$        | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$        | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$       | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$        | 0.00 |

| (  | 286 18-10022 L  | Documer                             |  | /16 10.36.39 De                                      | SC Main                  |
|--|---|-------------------------------------|--|--|--------------------------|
| Fill in this info                        | ormation to identify your o                               |                                     | 1 440 10 01 33   |  |                          |
| Debtor 1                                 | Robert J Dunne  |                                     |  |  |                          |
| DCDIOI 1                                 | First Name  | Middle Name                         | Last Name  |  |                          |
| Debtor 2                                 |   |                                     |  |  |                          |
| (Spouse, if filing)                      | First Name  | Middle Name                         | Last Name  |  |                          |
| United States                            | Bankruptcy Court for the:                                 | NORTHERN DISTRICT O                 | FILLINOIS  |  |                          |
| Case number                              |   |                                     |  |  | ☐ Check if this is ar    |
|  | -   |                                     |  |  | amended filing           |
|  |   |                                     |  |  |                          |
| Official F                               | orm 106A/B  |                                     |  |  |                          |
| Schedu                                   | ile A/B: Prop   | erty                                |  |  | 12/15                    |
| think it fits best.<br>information. If m | Be as complete and accurat nore space is needed, attach a | e as possible. If two married       | ce. If an asset fits in more than opeople are filing together, both a . On the top of any additional pag | are equally responsible for su                       | pplying correct          |
| Answer every qu                          | uestion.  |                                     |  |  |                          |
| Part 1: Descri                           | be Each Residence, Building,                              | Land, or Other Real Estate          | ou Own or Have an Interest In  |  |                          |
| 1. Do you own o                          | or have any legal or equitable                            | interest in any residence, bu       | ilding, land, or similar property?   |  |                          |
| ■ No. Go to F                            | Part 2.   |                                     |  |  |                          |
| ☐ Yes. Wher                              | re is the property?                                       |                                     |  |  |                          |
|  |   |                                     |  |  |                          |
| Part 2: Descri                           | be Your Vehicles  |                                     |  |  |                          |
| 3. Cars, vans, □ No ■ Yes                | trucks, tractors, sport uti                               | lity vehicles, motorcycles          | s  |  |                          |
|  |   |                                     |  |  |                          |
| 3.1 Make:                                | Dodge   | Who has an interes                  | st in the property? Check one  | Do not deduct secured cl<br>the amount of any secure |                          |
| Model:                                   | Ram   | Debtor 1 only                       |  | Creditors Who Have Clair                             | ims Secured by Property. |
| Year:                                    | 2005  | Debtor 2 only                       |  | Current value of the                                 | Current value of the     |
|  | nate mileage: 2200  |                                     | btor 2 only<br>ne debtors and another  | entire property?                                     | portion you own?         |
|  | Vehicle:  | At least one of tr                  | ne debtors and another   |  |                          |
|  |   | Check if this is (see instructions) | community property   | \$3,150.00   | \$3,150.00               |
| ,  | ,   | Vs and other recreationa            | Il vehicles, other vehicles, an<br>els, snowmobiles, motorcycle a  |  |                          |
| □ No                                     |   |                                     |  |  |                          |
| Yes                                      |   |                                     |  |  |                          |
| 4.1 Make:                                | Searay  | Who has an interes                  | st in the property? Check one  | Do not deduct secured cl                             | aims or exemptions. Put  |
| Model:                                   |   | ■ Debtor 1 only                     |  |  | ed claims on Schedule D: |
| Year:                                    | 1990  | Debtor 2 only                       |  | Current value of the                                 | Current value of the     |
|  |   | Debtor 1 and De                     | btor 2 only  | entire property?                                     | portion you own?         |
| Other inf                                | formation:  | _                                   | ne debtors and another   |  |                          |

Official Form 106A/B Schedule A/B: Property page 1

☐ Check if this is community property (see instructions)

\$2,000.00

\$2,000.00

|                                    | Case 18-166   | 655 Doc 1                                  | Filed 06/11/18            | Entered 06/11/18 16:3                  | 38:59 Desc Main   |
|------------------------------------|---|--|---------------------------|--|---|
| Debtor 1                           | Robert J Dunne                                      | )  | Document                  | Page 11 of 59 Case number              | (if known)  |
|                                    |   |  |                           | om Part 2, including any entries f     |   |
| Part 3: Do                         | escribe Your Personal a                             | and Household Items                        | <b>:</b>                  |  |   |
| Do you o                           | wn or have any lega                                 | l or equitable intere                      | est in any of the followi | ing items?                             | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Examp</i><br>□ No               | hold goods and furni<br>ples: Major appliances      |  | ina, kitchenware          |  |   |
| ■ Yes                              | . Describe  |  |                           |  |   |
|                                    |   | isc. Household (<br>bles, chairs, sof      |                           | niture, Kitchen Appliances,            | \$1,000.00  |
| □ No                               | oles: Televisions and r                             | adios; audio, video,<br>ones, cameras, med |                           | ment; computers, printers, scanner     | s; music collections; electronic devices  |
|                                    |   | onsumer Electro<br>ames, Phones, S         |                           | visions, Radios, Computers,            | \$200.00  |
| Examp  ■ No □ Yes  9. Equipm       | other collections,  Describe  nent for sports and h | memorabilia, collec                        | tibles                    |  | amp, coin, or baseball card collections; s; canoes and kayaks; carpentry tools;   |
| ■ No                               | musical instrume  . Describe                        |  | and nobby equipment, a    | noyoloo, poor tabloo, goli olabo, otto | , canooc and nayano, carpornly toolo,   |
| ■ No                               |   | otguns, ammunition                         | , and related equipment   |  |   |
| 11. <b>Clothe</b> <i>Exam</i> □ No | es  | s, furs, leather coats                     | s, designer wear, shoes,  | accessories                            |   |
|                                    | U   | sed Clothing                               |                           |  | \$200.00  |
| ☐ No                               | nples: Everyday jewelr . Describe                   |  |                           | ling rings, heirloom jewelry, watche   | _   |
|                                    | M   | isc. Costume Je                            | welry                     |  | \$100.00  |
| Exam<br>■ No                       | arm animals apples: Dogs, cats, birds               | s, horses                                  |                           |  |   |

|                  | Case 18-16655   | Doc 1                     | Filed 06/11/18<br>Document                                       | Entered 06/11/18 16:38<br>Page 12 of 59  | :59 Desc Main   |
|------------------|---|---------------------------|--|--|---|
| Debtor 1         | Robert J Dunne  |                           | Document   | Case number (if  | known)  |
| ■ No             | her personal and househo  | -                         | u did not already list, ir                                       | cluding any health aids you did not  | list  |
|                  | he dollar value of all of your street at 3. Write that number he                        |                           |  | ny entries for pages you have attach   | \$1,500.00  |
|                  | scribe Your Financial Assets  |                           |  |  | Company value of the  |
| Do you ow        | n or have any legal or eq   | uitable intere            | est in any of the follow   | ng ?   | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| □ No             | oles: Money you have in you   |                           |  | sit box, and on hand when you file you   | ur petition   |
|                  |   |                           |  | Cash on H  | and \$10.00   |
| Examp            |   |                           | al accounts; certificates of counts with the same instruction in |  | erage houses, and other similar   |
|                  | 17.1.   | Checking                  | Chase  |  | \$1,500.00  |
| Example No ☐ Yes |   | nt accounts wi            | ith brokerage firms, mon   |  |   |
|                  | iblicly traded stock and ir enture  | iterests in in            | corporated and uninco  | rporated businesses, including an  | interest in an LLC, partnership, and  |
| ☐ Yes.           | Give specific information a<br>Nam  | bout them<br>e of entity: |  | % of ownership   | :   |
| Negoti           |   | ersonal check             | s, cashiers' checks, pror  | gotiable instruments<br>nissory notes, and money orders.<br>by signing or delivering them. |   |
|                  | Give specific information al  | oout them<br>er name:     |  |  |   |
|                  | nent or pension accounts<br>oles: Interests in IRA, ERIS                                |                           | I(k), 403(b), thrift saving                                      | s accounts, or other pension or profit-s   | haring plans  |
|                  | List each account separate<br>Type of   | ly.<br>faccount:          | Institution n  | ame:   |   |
| Your s           | ty deposits and prepayme<br>hare of all unused deposits<br>oles: Agreements with landle | you have ma               | nde so that you may cont<br>rent, public utilities (elec         | inue service or use from a company<br>tric, gas, water), telecommunications                | companies, or others  |
|                  |   |                           | Institution n  | ame or individual:   |   |
| 23. Annuit       | ies (A contract for a periodi   | c payment of              | money to you, either for   | life or for a number of years)   |   |
| Official Forn    | n 106A/B  |                           | Schedule A/B: P  | roperty  | page 3  |

Case 18-16655 Doc 1 Filed 06/11/18 Entered 06/11/18 16:38:59 Desc Main Document Page 13 of 59 Debtor 1 Case number (if known) **Robert J Dunne** Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim.......

Document Page 14 of 59 Case number (if known) Debtor 1 **Robert J Dunne** 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,510.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$5,150.00 Part 3: Total personal and household items, line 15 \$1,500.00 58. Part 4: Total financial assets, line 36 \$1,510.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$8,160.00 Copy personal property total \$8,160.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$8,160.00

Official Form 106A/B Schedule A/B: Property page 5

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Entered 06/11/18 16:38:59

Desc Main

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| Fill in this infor                      |                |                   |             |                                   |
|---|----------------|-------------------|-------------|-----------------------------------|
| Debtor 1                                | Robert J Dunne |                   |             |                                   |
|   | First Name     | Middle Name       | Last Name   |                                   |
| Debtor 2                                |                |                   |             |                                   |
| (Spouse if, filing)                     | First Name     | Middle Name       | Last Name   |                                   |
| United States Bankruptcy Court for the: |                | NORTHERN DISTRICT | OF ILLINOIS |                                   |
| Case number (if known)                  |                |                   |             | ☐ Check if this is an             |
| (if known)                              |                |                   |             | ☐ Check if this is amended filing |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify th | e Property Y | ou Claim as | Exempt |
|---------|-------------|--------------|-------------|--------|
|---------|-------------|--------------|-------------|--------|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim |   | Specific laws that allow exemption |
|---|--------------------------------------|-----------------------------------|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B  | Che                               | ck only one box for each exemption.                             |                                    |
| 2005 Dodge Ram 220000 miles<br>Motor Vehicle:                                       | \$3,150.00                           |                                   | \$2,400.00  | 735 ILCS 5/12-1001(c)              |
| Line from Schedule A/B: 3.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| 2005 Dodge Ram 220000 miles<br>Motor Vehicle:                                       | \$3,150.00                           |                                   | \$750.00  | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 3.1   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc. Household Goods (Bedroom<br>Furniture, Kitchen Appliances,                    | \$1,000.00                           |                                   | \$1,000.00  | 735 ILCS 5/12-1001(b)              |
| tables, chairs, sofas) Line from Schedule A/B: 6.1                                  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Used Clothing   | \$200.00                             |                                   | 100%  | 735 ILCS 5/12-1001(a)              |
| Zino ilani Garicadio / v.Z. TTT   |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Misc. Costume Jewelry Line from Schedule A/B: 12.1                                  | \$100.00                             |                                   | \$100.00  | 735 ILCS 5/12-1001(b)              |
| Ellio II olii Goriodalo 74 D. 12.1  |                                      |                                   | 100% of fair market value, up to any applicable statutory limit |                                    |

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Case number (if known)

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own                    | Amount of the exemption you claim                               | Specific laws that allow exemption |
|---|---|---|------------------------------------|
|   | Copy the value from<br>Schedule A/B                     | Check only one box for each exemption.                          |                                    |
| Cash on Hand Line from Schedule A/B: 16.1   | \$10.00   | <b>\$10.00</b>  | 735 ILCS 5/12-1001(b)              |
| Line from Scriedule Arb. 16.1   |   | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking: Chase Line from Schedule A/B: 17.1  | \$1,500.00  | <b>\$1,500.00</b>   | 735 ILCS 5/12-1001(b)              |
| Line from Scriedule Arb. 17.1   | 100% of fair market value, any applicable statutory lin |   |                                    |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every  |   |   | nt.)                               |
| Yes. Did you acquire the property cove  | red by the exemption w                                  | thin 1,215 days before you filed this case                      | 9?                                 |
| □ No  |   |   |                                    |
| ☐ Yes   |   |   |                                    |

|                                 | Case 18-16655  | Doc 1             | Filed 06/1<br>Docume            |                                 | Entered<br>age 17 | 06/11/18 16:<br>of 59                                  | 38:59       | Desc M                   | lain                        |
|---------------------------------|--|-------------------|---------------------------------|---------------------------------|-------------------|--|-------------|--------------------------|-----------------------------|
| Fill in this in                 | formation to identify yo   | ur case:          |                                 |                                 |                   |  |             |                          |                             |
| Debtor 1                        | Robert J Dunn  | е                 |                                 |                                 |                   |  |             |                          |                             |
| <b>D</b> 14 0                   | First Name   | Mic               | ddle Name                       | Last                            | t Name            |  |             |                          |                             |
| Debtor 2<br>(Spouse if, filing) | First Name   | Mic               | ddle Name                       | Las                             | t Name            |  | -           |                          |                             |
| United States                   | Bankruptcy Court for the   | e: NORTH          | HERN DISTRICT                   | Γ OF ILLINOI                    | S                 |  | -           |                          |                             |
| Case number                     | r  |                   |                                 |                                 |                   |  |             | _                        | if this is an<br>led filing |
| Official Fo                     | orm 106D   |                   |                                 |                                 |                   |  |             |                          |                             |
| Schedu                          | le D: Creditors  | s Who I           | Have Cla                        | ims Se                          | cured             | by Propert   | y           |                          | 12/15                       |
| s needed, cop<br>number (if kno | e and accurate as possible<br>y the Additional Page, fill it<br>wn).<br>tors have claims secured b | out, number       | the entries, and a              |                                 |                   |  |             |                          |                             |
| _ •                             | neck this box and submit   |                   | -                               | ur other sche                   | dules You         | ı have nothing else t                                  | o report o  | n this form              |                             |
| _                               | fill in all of the information   |                   | no occur man you                | ui 011101 00110                 | adioo. To         | . Have hearing elect                                   | o roport of | 1 1110 101111.           |                             |
|                                 | st All Secured Claims  | DOIOW.            |                                 |                                 |                   |  |             |                          |                             |
|                                 | red claims. If a creditor has  | more than one     | e secured claim lie             | et the creditor (               | congrately        | Column A   | Column I    | В                        | Column C                    |
| for each claim.                 | If more than one creditor has ble, list the claims in alphabe                                      | is a particular o | claim, list the other           | r creditors in Pa               |                   | Amount of claim Do not deduct the value of collateral. |             | collateral<br>ports this | Unsecured portion If any    |
|                                 | ain Financial  | Describe the      | he property that s              | secures the cl                  | aim: _            | \$12,423.00  | U           | Jnknown                  | \$12,423.00                 |
| Creditor's                      | Name   | Secured           |                                 |                                 |                   |  |             |                          |                             |
| 601 Nv                          | Bankruptcy<br>v 2nd Street<br>ville, IN 47708  | As of the dapply. | late you file, the c            | claim is: Check                 | all that          |  |             |                          |                             |
| Number, S                       | Street, City, State & Zip Code   | Unliquio          | lated                           |                                 |                   |  |             |                          |                             |
| Who owes th                     | e debt? Check one.   | Dispute           | d<br><b>lien.</b> Check all tha | at annly                        |                   |  |             |                          |                             |
| ■ Debtor 1 or                   |  | _                 | ement you made (                |                                 | age or secu       | red  |             |                          |                             |
| Debtor 2 or                     | ,  | car loa           | •                               | . · · · · · · · · · · · · · · · | 5 7-              |  |             |                          |                             |
| _                               | nd Debtor 2 only   | ☐ Statutor        | ry lien (such as tax            | lien, mechanic                  | c's lien)         |  |             |                          |                             |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$12,423.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$12,423.00

Last 4 digits of account number

☐ Judgment lien from a lawsuit

 $\square$  Other (including a right to offset)

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

5284

☐ At least one of the debtors and another

Opened 12/17 Last Active

 $\hfill\square$  Check if this claim relates to a

Date debt was incurred 4/03/18

community debt

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| Fill in this  | s information to identify your o  | Document ase:   | Page 1   | 8 of 59   |   |   |
|---|---|---|--|---|---|---|
|   |   |   |  |   |   |   |
| Debtor 1  | Robert J Dunne First Name   | Middle Name   | Last Name  |   |   |   |
| Debtor 2  |   |   |  |   |   |   |
| (Spouse if, fil   | ling) First Name  | Middle Name   | Last Name  |   |   |   |
| United Sta  | ates Bankruptcy Court for the:  | NORTHERN DISTRICT OF ILL  | INOIS  |   |   |   |
| Case num<br>(if known)                                  | nber  |   |  |   | _   | Check if this is an amended filing  |
|   | Form 106E/F<br>ule E/F: Creditors W   | ho Have Unsecured   | Claims   |   |   | 12/15   |
| any execute<br>Schedule G<br>Schedule D<br>left. Attach | ory contracts or unexpired leases<br>E: Executory Contracts and Unexpi<br>D: Creditors Who Have Claims Secu | e Part 1 for creditors with PRIORIT<br>that could result in a claim. Also li-<br>red Leases (Official Form 106G). D<br>ured by Property. If more space is r<br>e. If you have no information to rep | st executory on<br>o not include<br>needed, copy | contracts on Schedule A/E<br>any creditors with partiall<br>the Part you need, fill it ou | B: Property (Officity secured claims at, number the e | cial Form 106A/B) and on<br>is that are listed in<br>ntries in the boxes on the |
| Part 1:   | List All of Your PRIORITY Un  | secured Claims  |  |   |   |   |
| 1. Do any   | y creditors have priority unsecured   | d claims against you?   |  |   |   |   |
| ■ No.   | . Go to Part 2.   |   |  |   |   |   |
| ☐ Yes   | S.  |   |  |   |   |   |
| Part 2:   | List All of Your NONPRIORIT   | Y Unsecured Claims  |  |   |   |   |
| 3. Do any   | y creditors have nonpriority unsec  | ured claims against you?  |  |   |   |   |
| □ No.   | . You have nothing to report in this pa   | art. Submit this form to the court with   | vour other sch                                   | edules.   |   |   |
|   |   |   | ,  |   |   |   |
| Yes   | S.  |   |  |   |   |   |
| unsecu  | ured claim, list the creditor separately<br>ne creditor holds a particular claim, li                        | nims in the alphabetical order of the for each claim. For each claim listed, at the other creditors in Part 3.If you have   | , identify what                                  | ype of claim it is. Do not list   | claims already ir                                     | ncluded in Part 1. If more  |
|   |   |   |  |   |   | Total claim   |
| 4.1 <b>A</b>  | cceptance Now   | Last 4 digits of acco   | ount number                                      | 0749  |   | \$2,182.00  |
|   | onpriority Creditor's Name  |   |  |   |   | <del></del>   |
|   | ttn: Acceptancenow Custo  |   |  | Opened 10/16 Las  | t Active  |   |
| _   | Service / B<br>501 Headquarters Dr  | When was the debt   | incurred?  | 4/15/18   |   | _   |
|   | Plano, TX 75024   |   |  |   |   |   |
|   | umber Street City State Zlp Code  | As of the date you f  | ile, the claim                                   | s: Check all that apply   |   |   |
| w   | /ho incurred the debt? Check one.   |   |  | ,   |   |   |
|   | Debtor 1 only   | ☐ Contingent  |  |   |   |   |
|   | Debtor 2 only   | ☐ Unliquidated  |  |   |   |   |
|   | Debtor 1 and Debtor 2 only  | ☐ Disputed  |  |   |   |   |
|   | At least one of the debtors and and   | _ '   | ITY unsecure                                     | d claim:  |   |   |
|   | Check if this claim is for a comm   | □   |  |   |   |   |
| de  | ebt<br>the claim subject to offset?   |   |  | ration agreement or divorce   | e that you did not                                    |   |
|   | No  | ☐ Debts to pension  | or profit-sharin                                 | g plans, and other similar d  | ebts  |   |
|   | ] Yes   | Other Specify   | Rental Agr                                       | eement  |   |   |

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Debtor 1 Robert J Dunne Case number (if know) 4.2 Americollect Last 4 digits of account number 911C \$52.00 Nonpriority Creditor's Name Po Box 1566 When was the debt incurred? **Opened 08/17** 1851 South Alverno Road Manitowoc, WI 54221 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Chicago Ridge Medical Other. Specify ☐ Yes **Imaging** 4.3 **Atg Credit** \$343.00 Last 4 digits of account number 2292 Nonpriority Creditor's Name 1700 West Cortland Street When was the debt incurred? **Opened 03/15** Suite 201 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\hfill\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Dr. Timothy Wollner Do ☐ Yes 4.4 Atg Credit 2255 \$263.00 Last 4 digits of account number Nonpriority Creditor's Name 1700 West Cortland Street When was the debt incurred? **Opened 03/15** Suite 201 Chicago, IL 60622 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Dr. Michael Fiorucci ☐ Yes Other. Specify M.D.

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Debtor 1 Robert J Dunne Case number (if know) 4.5 Atg Credit Last 4 digits of account number 9564 \$138.00 Nonpriority Creditor's Name 1700 West Cortland Street When was the debt incurred? **Opened 01/16** Suite 201 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney Dr Prabodh Shah ☐ Yes 4.6 **Atg Credit** \$70.00 Last 4 digits of account number 2284 Nonpriority Creditor's Name 1700 West Cortland Street When was the debt incurred? **Opened 03/15** Suite 201 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Collection Attorney Dr Prabodh Shah** 4.7 **Atg Credit** \$52.00 Last 4 digits of account number 4572 Nonpriority Creditor's Name 1700 West Cortland Street When was the debt incurred? **Opened 05/16** Suite 201 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Collection Attorney Dr. Bassel Atassi

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Debtor 1 Robert J Dunne Case number (if know) 4.8 Atg Credit Last 4 digits of account number 1309 \$26.00 Nonpriority Creditor's Name 1700 West Cortland Street When was the debt incurred? **Opened 06/15** Suite 201 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Collection Attorney The Cardiology Group ☐ Yes 4.9 Atg Credit Last 4 digits of account number 4814 \$23.00 Nonpriority Creditor's Name 1700 West Cortland Street When was the debt incurred? **Opened 05/16** Suite 201 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Collection Attorney Dr. Timothy Wollner Do 4.1 **Atg Credit** 2138 \$22.00 Last 4 digits of account number Nonpriority Creditor's Name 1700 West Cortland Street When was the debt incurred? **Opened 12/16** Suite 201 Chicago, IL 60622 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt oxed Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Collection Attorney Dr. Ginny Hendricks Md

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■ No

☐ Yes

■ Other. Specify Consultants

lacksquare Debts to pension or profit-sharing plans, and other similar debts

Collection Attorney The Cardiovascular

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debt

■ No

☐ Yes

Other. Specify Consultants

report as priority claims

 $\square$  Obligations arising out of a separation agreement or divorce that you did not

**Collection Attorney The Cardiovascular** 

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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■ No

☐ Yes

■ Other. Specify Credit Card

Debts to pension or profit-sharing plans, and other similar debts

report as priority claims

Is the claim subject to offset?

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Debtor 1 Robert J Dunne Case number (if know) 4.2 4786 \$817.00 **Credit One Bank** Last 4 digits of account number 0 Nonpriority Creditor's Name Opened 05/17 Last Active Attn: Bankruptcy Po Box 98873 When was the debt incurred? 9/16/17 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.2 **ERC/Enhanced Recovery Corp** 6450 \$843.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy When was the debt incurred? **Opened 06/16** 8014 Bayberry Road Jacksonville, FL 32256 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Collection Attorney Sprint ☐ Yes 4.2 First Premier Bank 8794 \$519.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 02/15 Last Active 601 S Minnesota Ave When was the debt incurred? 5/11/15 Sioux Falls, SD 57104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes

Official Form 106 E/F

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| Ford Motor Credit   | Last 4 digits of account number   | Unknow |
|---|---|--------|
| Nonpriority Creditor's Name 12110 Emmet St.   | When was the debt incurred?   |        |
| Omaha, NE 68164  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |        |
| Debtor 1 only   | ☐ Contingent  |        |
| Debtor 2 only   | ☐ Unliquidated  |        |
| ☐ Debtor 1 and Debtor 2 only  | Disputed  |        |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |        |
| ☐ Check if this claim is for a community  | ☐ Student loans   |        |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |        |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |        |
| Yes   | Other. Specify  |        |
| Illinois Department of Revenue  | Last 4 digits of account number   | Unknow |
| Nonpriority Creditor's Name   |   |        |
| Bankruptcy Section<br>PO Box 64338  | When was the debt incurred?   |        |
| Chicago, IL 60664-0338  |   |        |
| Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |        |
| Who incurred the debt? Check one.   |   |        |
| Debtor 1 only   | ☐ Contingent  |        |
| ☐ Debtor 2 only   | ☐ Unliquidated  |        |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |        |
| $\hfill \square$ At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  |        |
| ☐ Check if this claim is for a community  | ☐ Student loans   |        |
| debt Is the claim subject to offset?  | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |        |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |        |
| Yes   | Other. Specify Notice Only  |        |
| Illinois Dept of Employment Securit   | Last 4 digits of account number Notic Only  | Unknow |
| Nonpriority Creditor's Name  Bankruptcy Unit Collection  Subdivis                     | When was the debt incurred?   |        |
| 33 S State St 10th Floor<br>Chicago, IL 60603<br>Number Street City State Zlp Code    | As of the date you file, the claim is: Check all that apply   |        |
| Who incurred the debt? Check one.   | The state year may and statement of officers and that apply   |        |
| ■ Debtor 1 only   | ☐ Contingent  |        |
| ☐ Debtor 2 only   | ☐ Unliquidated  |        |
| ☐ Debtor 1 and Debtor 2 only  | □ Disputed  |        |
| ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |        |
| ☐ Check if this claim is for a community  | ☐ Student loans   |        |
| debt  | Obligations arising out of a separation agreement or divorce that you did not                             |        |
| Is the claim subject to offset?   | report as priority claims   |        |
| ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |        |
| Yes   | Other. Specify Notice Only  |        |

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| 4.2 | Internal Revenue Service                                       | Last 4 digits of account number  | Unknown       |
|-----|--|--|---------------|
| ت   | Nonpriority Creditor's Name                                    |  |               |
|     | PO Box 7346  | When was the debt incurred?  |               |
|     | Philadelphia, PA 19101-7346  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply  |               |
|     | Who incurred the debt? Check one.                              | •  |               |
|     | Debtor 1 only  | ☐ Contingent   |               |
|     | Debtor 2 only  | ☐ Unliquidated   |               |
|     | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |               |
|     | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:   |               |
|     | ☐ Check if this claim is for a community                       | ☐ Student loans  |               |
|     | debt   | ☐ Obligations arising out of a separation agreement or divorce that you did not                          |               |
|     | Is the claim subject to offset?                                | report as priority claims  |               |
|     | ■ No   | $\square$ Debts to pension or profit-sharing plans, and other similar debts                              |               |
|     | Yes  | Other. Specify Notice Only   |               |
| 4.2 | Jefferson Capital Systems, LLC                                 | Last 4 digits of account number 3003   | \$126.00      |
| 7   | Nonpriority Creditor's Name                                    |  | <b>VIZOIO</b> |
|     | Po Box 1999  | When was the debt incurred? Opened 05/17   |               |
|     | Saint Cloud, MN 56302  Number Street City State Zlp Code       | As of the date you file, the claim is: Check all that apply  |               |
|     | Who incurred the debt? Check one.                              | As of the date you me, the claim is. Oneck all that apply  |               |
|     | <u> </u>   | П  |               |
|     | Debtor 1 only  | Contingent   |               |
|     | Debtor 2 only  | Unliquidated   |               |
|     | Debtor 1 and Debtor 2 only                                     | Disputed   |               |
|     | At least one of the debtors and another                        | Type of NONPRIORITY unsecured claim:   |               |
|     | ☐ Check if this claim is for a community                       | ☐ Student loans  |               |
|     | debt Is the claim subject to offset?                           | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |               |
|     | No   | □ Debts to pension or profit-sharing plans, and other similar debts                                      |               |
|     | <b>—</b> 100   | _ Factoring Company Account Fingerhut  |               |
|     | Yes  | Other. Specify  Direct Mrkting   |               |
| 4.2 | Med Dueinese Dureeu  | Last 4 digits of account number 2745   | ¢00.00        |
| 8   | Med Business Bureau  Nonpriority Creditor's Name               | Last 4 digits of account number 2/45   | \$98.00       |
|     | 1460 Renaissance Dr #400<br>Park Ridge, IL 60068               | When was the debt incurred? Opened 11/17   |               |
|     | Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply  |               |
|     | Who incurred the debt? Check one.                              |  |               |
|     | Debtor 1 only  | ☐ Contingent   |               |
|     | Debtor 2 only  | ☐ Unliquidated   |               |
|     | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |               |
|     | ☐ At least one of the debtors and another                      | Type of NONPRIORITY unsecured claim:   |               |
|     | ☐ Check if this claim is for a community                       | ☐ Student loans  |               |
|     | debt   | Obligations arising out of a separation agreement or divorce that you did not                            |               |
|     | Is the claim subject to offset?                                | report as priority claims  |               |
|     | ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |               |
|     | Yes  | Collection Attorney Palos Anesthesia Assoc  Assoc  |               |

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Document Page 28 of 59 Debtor 1 Robert J Dunne Case number (if know) 4.2 4888 \$94.00 Med Business Bureau Last 4 digits of account number 9 Nonpriority Creditor's Name 1460 Renaissance Dr #400 When was the debt incurred? **Opened 01/15** Park Ridge, IL 60068 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims  $\square$  Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Evergreen Anes Pain ☐ Yes Other. Specify Mgt 4.3 0290 **Merchants Credit** \$1,216.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W Jackson Blvd **Opened 10/15** When was the debt incurred? Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Little Company Of Mary ☐ Yes Other. Specify Hospita 4.3 **Merchants Credit** 0289 \$127.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W Jackson Blvd When was the debt incurred? **Opened 10/15** Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

■ Other. Specify Hospita

report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

**Collection Attorney Little Company Of Mary** 

Is the claim subject to offset?

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Desc Main Document Page 29 of 59 Debtor 1 Robert J Dunne Case number (if know) 4.3 0840 \$127.00 **Merchants Credit** Last 4 digits of account number 2 Nonpriority Creditor's Name 223 W Jackson Blvd When was the debt incurred? **Opened 02/16** Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Little Company Of Mary ☐ Yes Other. Specify Hospita 4.3 **Merchants Credit** 0286 \$95.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W Jackson Blvd When was the debt incurred? **Opened 10/15** Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No  $\square$  Debts to pension or profit-sharing plans, and other similar debts **Collection Attorney Little Company Of Mary** ☐ Yes Other. Specify Hospita 4.3 **Merchants Credit** 0285 \$58.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W Jackson Blvd When was the debt incurred? **Opened 10/15** Ste 700 Chicago, IL 60606 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

Part 3: List Others to Be Notified About a Debt That You Already Listed

debt

■ No

☐ Yes

Other. Specify Hospita

report as priority claims

☐ Obligations arising out of a separation agreement or divorce that you did not

**Collection Attorney Little Company Of Mary** 

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Debtor 1 Robert J Dunne

Case number (if know)

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

#### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|              |     |   |     | Т  | otal Claim |
|--------------|-----|---|-----|----|------------|
|              | 6a. | Domestic support obligations  | 6a. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 1  | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$ | 0.00       |
|              | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$ | 0.00       |
|              | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$ | 0.00       |
|              | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$ | 0.00       |
|              |     |   |     | Т  | otal Claim |
|              | 6f. | Student loans   | 6f. | \$ | 0.00       |
| Total claims |     |   |     |    |            |
| from Part 2  | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00       |
|              | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$ | 0.00       |
|              | 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.                       | 6i. | \$ | 9,254.00   |
|              | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$ | 9,254.00   |

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|   |                         | Docume            | TILL TAUC ST 01 33 |                                      |
|---|-------------------------|-------------------|--------------------|--------------------------------------|
| Fill in this infor                      | mation to identify your | case:             |                    |                                      |
| Debtor 1                                | Robert J Dunne          |                   |                    |                                      |
|   | First Name              | Middle Name       | Last Name          |                                      |
| Debtor 2                                |                         |                   |                    |                                      |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name          |                                      |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS        |                                      |
| Case number                             |                         |                   |                    | ☐ Check if this is an                |
| (ii kilowii)                            |                         |                   |                    | ☐ Check if this is an amended filing |

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|-------------|-----------------------|-------------------|---|
| 2.1 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | _                                       |
| 2.2 |           |             |                       |                   | _                                       |
|     | Name      |             |                       |                   |   |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | _                                       |
| 2.3 |           |             |                       |                   | ·                                       |
| 2.0 | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          |   |
| 2.4 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | _                                       |
| 2.5 |           |             |                       |                   |   |
|     | Name      |             |                       |                   | _                                       |
|     | Number    | Street      |                       |                   | _                                       |
|     | City      |             | State                 | ZIP Code          | _                                       |
|     |           |             |                       |                   |   |

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|                   |  | Docume                         | ent Page 32 d             | of 59                       |  |
|-------------------|--|--------------------------------|---------------------------|-----------------------------|--|
| Fill in this      | information to identify your                                     | r case:                        |                           |                             |  |
| Debtor 1          | Robert J Dunne   |                                |                           |                             |  |
| Debioi i          | First Name   | Middle Name                    | Last Name                 |                             |  |
| Debtor 2          |  |                                |                           |                             |  |
| (Spouse if, filin | ng) First Name   | Middle Name                    | Last Name                 |                             |  |
| I Initad Stat     | tes Bankruptcy Court for the:                                    | NORTHERN DISTRICT              | OF ILLINOIS               |                             |  |
| Office Otal       | tes bankruptey court for the.                                    | NORTHERN BIOTRIOT              | OI ILLINOIO               |                             |  |
| Case numb         | per  |                                |                           |                             |  |
| (if known)        |  |                                |                           |                             | ☐ Check if this is an  |
|                   |  |                                |                           |                             | amended filing   |
| ~ <i>~</i>        |  |                                |                           |                             |  |
| Official          | l Form 106H  |                                |                           |                             |  |
| Sched             | ule H: Your Cod  | lebtors                        |                           |                             | 12/15  |
|                   |  |                                |                           |                             |  |
| our name          | and case number (if known  | ). Answer every question       | •                         |                             | any Additional Pages, write  |
| 1. Do y           | you have any codebtors? (If                                      | you are filing a joint case,   | do not list either spouse | e as a codebtor.            |  |
| ■ No              |  |                                |                           |                             |  |
| ☐ Yes             |  |                                |                           |                             |  |
|                   |  |                                |                           |                             |  |
|                   | nin the last 8 years, have yo<br>a, California, Idaho, Louisiana |                                |                           |                             | ites and territories include   |
| Alizona           | a, Calliottila, Idatio, Louisiana                                | a, Nevaua, New Mexico, Fu      | eno Rico, Texas, Wash     | iington, and wisconsin.)    |  |
| ■ No.             | Go to line 3.  |                                |                           |                             |  |
|                   | . Did your spouse, former spo                                    | ouse, or legal equivalent live | e with you at the time?   |                             |  |
|                   | · - · · · ) · · · · · · · · · · · · · ·                          | ,                              |                           |                             |  |
| in line<br>Form 1 | 2 again as a codebtor only                                       | if that person is a guaran     | tor or cosigner. Make     | sure you have listed the cr | th you. List the person shown<br>reditor on Schedule D (Official<br>edule E/F, or Schedule G to fill |
|                   | Column 1: Your codebtor  |                                |                           |                             | or to whom you owe the debt  |
| N                 | Name, Number, Street, City, State and 2                          | ZIP Code                       |                           | Check all schedules that    | at apply:  |
| 3.1               |  |                                |                           | ☐ Schedule D. line          |  |
|                   | Name   |                                |                           |                             |  |
|                   |  |                                |                           | ☐ Schedule E/F, line        |  |
|                   |  |                                |                           | ☐ Schedule G, line _        |  |
|                   | Number Street  |                                |                           | <del>_</del>                |  |
| (                 | City   | State                          | ZIP Code                  |                             |  |
| 3.2               |  |                                |                           | □ Cahadula D. lina          |  |
|                   | Name   |                                |                           | Schedule D, line            |  |
|                   |  |                                |                           | ☐ Schedule E/F, line        | <del></del>  |
|                   |  |                                |                           | ☐ Schedule G, line _        |  |
|                   | Number Street  |                                | ·                         | <del>_</del>                |  |
| (                 | City   | State                          | ZIP Code                  |                             |  |

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| Eill               | in this information to identify your a   | 200  |  |                               |                | 1   |            |                         |                            |                      |
|--------------------|--|--|--|-------------------------------|----------------|---|------------|-------------------------|----------------------------|----------------------|
|                    | in this information to identify your control Robert J Du   |  |  |                               |                |   |            |                         |                            |                      |
| Del                | otor 2   | inie   |  |                               | _              |   |            |                         |                            |                      |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC                                   | CT OF ILLINOIS                             |                               | _              |   |            |                         |                            |                      |
|                    | se number<br>nown)   |  | -  |                               |                | Check if this in An amend A supplen 13 income | led<br>nen | t showin                | g postpetitio              |                      |
| 0                  | fficial Form 106I  |  |  |                               |                | MM / DD/                                      | ΥY         | ΥΥ                      |                            |                      |
| S                  | chedule I: Your Inc  | ome  |  |                               |                |   |            |                         |                            | 12/15                |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not fili<br>r spouse is not filing w | ng jointly, and your ith you, do not inclu | spouse is<br>de inforn        | s liv<br>nati  | ing with you, inc<br>on about your sp         | luc        | de inforn<br>ise. If mo | nation abou<br>ore space i | ut your<br>s needed, |
| 1.                 | Fill in your employment information.   | Debtor 1   | Debtor                                     | Debtor 2 or non-filing spouse |                |   |            |                         |                            |                      |
|                    | If you have more than one job, attach a separate page with information about additional employers.   | Employment status                                    | ☐ Employed                                 | ☐ Emp                         | ☐ Employed     |   |            |                         |                            |                      |
|                    |  | Employment status                                    | ■ Not employed                             | ☐ Not                         | ☐ Not employed |   |            |                         |                            |                      |
|                    | Include part-time, seasonal, or  | Occupation   |  |                               |                | <del></del>                                   |            |                         |                            |                      |
|                    | self-employed work.  | Employer's name                                      |  |                               |                |   |            |                         |                            |                      |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address                                   |  |                               |                |   |            |                         |                            |                      |
|                    |  | How long employed t                                  | here?                                      |                               |                |   |            |                         |                            |                      |
| Par                | t 2: Give Details About Mor  | nthly Income   |  |                               |                |   |            |                         |                            |                      |
|                    | mate monthly income as of the duse unless you are separated.   | ate you file this form. If                           | you have nothing to r                      | eport for a                   | any            | line, write \$0 in th                         | e s        | pace. Inc               | clude your n               | on-filing            |
|                    | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |  | ombine the informatio                      | n for all e                   | mpl            | oyers for that pers                           | on         | on the li               | nes below.                 | If you need          |
|                    |  |  |  |                               |                | For Debtor 1                                  |            |                         | btor 2 or<br>ng spouse     |                      |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |  |  | 2.                            | \$             | 0.00  | _          | \$                      | N/A                        | <u> </u>             |
| 3.                 | Estimate and list monthly overt  | ime pay.   |  | 3.                            | +\$            | 0.00  | _          | +\$                     | N/A                        | <u>4</u>             |
| 4.                 | Calculate gross Income. Add lin  | ne 2 + line 3.                                       |  | 4.                            | \$             | 0.00  |            | \$                      | N/A                        |                      |

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| Debtor 1 |                                 | Robert J Dunne  |                                  |                      |                          | Case number (if known) |                                 |  |        |  |                       |
|----------|---------------------------------|---|----------------------------------|----------------------|--------------------------|------------------------|---------------------------------|--|--------|--|-----------------------|
|          |                                 |   |                                  |                      | For                      | Debtor 1               |                                 |  | Debtor |  |                       |
|          | Cop                             | by line 4 here  | 4.                               |                      | \$                       | 0                      | .00                             | \$   |        | N/A                                    | -                     |
| 5.       | List                            | all payroll deductions:   |                                  |                      |                          |                        |                                 |  |        |  |                       |
|          | 5a.<br>5b.<br>5c.<br>5d.<br>5e. | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance  | 56<br>50<br>50<br>50             | o.<br>c.<br>d.<br>ə. | \$_<br>\$_<br>\$_<br>\$_ | 0<br>0<br>0            | .00<br>.00<br>.00<br>.00        | \$<br>\$<br>\$   |        | N/A<br>N/A<br>N/A<br>N/A               | -<br>-<br>-           |
| 6.       | 5f.<br>5g.<br>5h.               | Domestic support obligations Union dues Other deductions. Specify: I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 5f<br>5g<br>5h<br>6.             | g.<br>n.+            | \$_<br>\$_<br>\$_<br>\$_ | 0                      | .00                             | \$<br>\$<br>+ \$<br>\$                                   |        | N/A<br>N/A<br>N/A                      | -<br>-<br>-           |
| 7.       |                                 | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                               |                      | * —<br>\$                |                        | .00                             | \$   |        | N/A                                    | -                     |
| 8.       | 8b. 8c. 8d. 8e. 8f. 8g. 8h.     | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income Other monthly income. Specify: | 86<br>86<br>86<br>86<br>86<br>86 | a.<br>c.<br>d.<br>e. | \$ -                     | 0<br>0<br>0<br>1,587   | .00<br>.00<br>.00<br>.00<br>.00 | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |        | N/A<br>N/A<br>N/A<br>N/A<br>N/A<br>N/A | -<br>-<br>-<br>-<br>- |
| 9.       | Add                             | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                               | Ľ                    | \$                       | 1,587                  | .00                             | \$_  |        | N/A                                    | <u> </u>              |
| 10.      |                                 | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.                              | \$_                  |                          | 1,587.00               | + \$_                           |  | N/A    | = \$                                   | 1,587.00              |
| 11.      | Inclu<br>othe                   | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:   | depe                             |                      |                          | •                      |                                 |  |        | e J.<br>+\$                            | 0.00                  |
| 12.      |                                 | I the amount in the last column of line 10 to the amount in line 11. The result that amount on the Summary of Schedules and Statistical Summary of Certain lies   |                                  |                      |                          |                        |                                 |  | 12.    | \$                                     | 1,587.00              |
| 13.      | Do y                            | you expect an increase or decrease within the year after you file this form'  | ?                                |                      |                          |                        |                                 |  |        | Combin<br>monthl                       | ned<br>ly income      |
|          |                                 | Von Evoloin   |                                  |                      |                          |                        |                                 |  |        |  |                       |

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| -رسي | in this in form                                  | tion to identify                    |                                     |   |  | 1               |  |                               |
|------|--|-------------------------------------|-------------------------------------|---|--|-----------------|--|-------------------------------|
| FIII | in this informa                                  | tion to identify yo                 | our case:                           |   |  |                 |  |                               |
| Deb  | tor 1  | Robert J Dur                        | nne                                 |   |  |                 | k if this is:                          |                               |
| Deb  | otor 2   |                                     |                                     |   |  | _               | An amended filing<br>A supplement shov | ving postpetition chapter     |
| (Spo | ouse, if filing)                                 |                                     |                                     |   |  |                 |  | the following date:           |
| Unit | ed States Bankr                                  | uptcy Court for the                 | : NORTH                             | IERN DISTRICT OF ILLIN                                  | OIS                                    | ī               | MM / DD / YYYY                         |                               |
|      | e number<br>nown)                                |                                     |                                     |   |  |                 |  |                               |
| Of   | fficial Fo                                       | rm 106J                             |                                     |   |  | 1               |  |                               |
|      |  | J: Your I                           | Exner                               | 2021  |  |                 |  | 12/1                          |
| Be a | as complete a<br>ormation. If m<br>mber (if know | and accurate as                     | possible<br>eded, atta<br>y questio | . If two married people ar<br>ich another sheet to this |  |                 |  | or supplying correct          |
| 1.   | Is this a joir                                   |                                     | iioiu                               |   |  |                 |  |                               |
|      | ■ No. Go to                                      | o line 2.<br>s Debtor 2 live i      | in a separ                          | ate household?  |  |                 |  |                               |
|      | □и   | 0                                   |                                     | al Form 106J-2, <i>Expense</i> s                        | for Separate House                     | ehold of Debte  | or 2.                                  |                               |
| 2.   | Do you have                                      | e dependents?                       | ■ No                                |   |  |                 |  |                               |
|      | Do not list D<br>Debtor 2.                       | ebtor 1 and                         | ☐ Yes.                              | Fill out this information for each dependent            | Dependent's relat<br>Debtor 1 or Debto |                 | Dependent's age                        | Does dependent live with you? |
|      | Do not state                                     | the                                 |                                     |   |  |                 |  | □ No                          |
|      | dependents                                       |                                     |                                     |   |  |                 |  | ☐ Yes                         |
|      |  |                                     |                                     |   |  |                 |  | □ No                          |
|      |  |                                     |                                     |   |  |                 |  | ☐ Yes                         |
|      |  |                                     |                                     |   |  |                 |  | □ No<br>□ Yes                 |
|      |  |                                     |                                     |   |  |                 |  | □ res                         |
|      |  |                                     |                                     |   |  |                 |  | ☐ Yes                         |
| 3.   |  | enses include                       | _                                   | No  |  |                 |  | 33                            |
|      |  | f people other to<br>d your depende | han $_{oldsymbol{\sqcap}}$          | Yes   |  |                 |  |                               |
|      | imate your ex                                    |                                     | our bankr                           | uptcy filing date unless y                              |  |                 |  |                               |
|      | olicable date.                                   | a date after the i                  | <b>Jankruptc</b>                    | y is filed. If this is a supp                           | nemental S <i>chedul</i> e             | e J, cneck the  | e box at the top o                     | f the form and fill in the    |
| the  |  | h assistance and                    |                                     | government assistance it cluded it on Schedule I: Y     |  |                 | Your exp                               | enses                         |
| 4.   |  | or home owners                      |                                     | ses for your residence. In                              | nclude first mortgag                   | e<br>4. \$      |  | 700.00                        |
|      | If not includ                                    | led in line 4:                      |                                     |   |  |                 |  |                               |
|      | 4a. Real e                                       | estate taxes                        |                                     |   |  | 4a. \$          |  | 0.00                          |
|      |  | rty, homeowner's                    |                                     |   |  | 4b. \$          |  | 0.00                          |
|      |  |                                     |                                     | ıpkeep expenses   |  | 4c. \$          |  | 0.00                          |
| 5    |  | owner's associat                    |                                     | dominium dues<br>our residence, such as ho              | mo oquity loops                        | 4d. \$<br>5. \$ |  | 0.00                          |
| ;).  | AUUIIIONALI                                      | nonuaue DavMe                       | anta for vo                         | ou r <b>esidence</b> , such as no                       | me eddiiy loans                        | h               |  | U UU                          |

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| Debtor 1 R        | obert J Dunne  | Case num     | ber (if known) |                               |
|-------------------|--|--------------|----------------|-------------------------------|
| 6. Utilities      | :  |              |                |                               |
|                   | lectricity, heat, natural gas  | 6a.          | \$             | 75.00                         |
|                   | ater, sewer, garbage collection  | 6b.          |                | 0.00                          |
|                   | elephone, cell phone, Internet, satellite, and cable services                              | 6c.          |                | 100.00                        |
|                   | ther. Specify:   | 6d.          | *              | 0.00                          |
|                   | nd housekeeping supplies   | — 7.         | \$             | 200.00                        |
|                   | re and children's education costs  | 8.           | \$             | 0.00                          |
|                   | g, laundry, and dry cleaning   | 9.           | •              |                               |
| -                 |  | 9.<br>10.    |                | 50.00                         |
|                   | al care products and services  |              |                | 50.00                         |
|                   | and dental expenses  | 11.          | <b>&gt;</b>    | 20.00                         |
|                   | ortation. Include gas, maintenance, bus or train fare.                                     | 12.          | \$             | 250.00                        |
|                   | nclude car payments.<br>inment, clubs, recreation, newspapers, magazines, and books        | 13.          | ·              | 0.00                          |
|                   |  | 14.          | •              |                               |
|                   | ble contributions and religious donations  | 14.          | Ф              | 0.00                          |
| 5. Insuran        |  |              |                |                               |
|                   | nclude insurance deducted from your pay or included in lines 4 or 20. fe insurance         | 15a.         | ¢              | 0.00                          |
|                   | ealth insurance  | 15a.<br>15b. |                |                               |
|                   |  |              | ·              | 0.00                          |
|                   | ehicle insurance   | 15c.         | ·              | 120.00                        |
|                   | ther insurance. Specify:   | 15d.         | \$             | 0.00                          |
|                   | Do not include taxes deducted from your pay or included in lines 4 or 20.                  |              | _              |                               |
| Specify:          |  | 16.          | \$             | 0.00                          |
|                   | ent or lease payments:   |              | •              |                               |
|                   | ar payments for Vehicle 1  | 17a.         |                | 0.00                          |
|                   | ar payments for Vehicle 2  | 17b.         | \$             | 0.00                          |
| 17c. O            | ther. Specify:   | 17c.         | \$             | 0.00                          |
| 17d. O            | ther. Specify:   | 17d.         | \$             | 0.00                          |
| 8. Your pa        | yments of alimony, maintenance, and support that you did not report as                     |              |                |                               |
|                   | ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).                  | 18.          | · .            | 0.00                          |
| 9. Other pa       | ayments you make to support others who do not live with you.                               |              | \$             | 0.00                          |
| Specify:          |  | 19.          |                |                               |
| 0. Other re       | eal property expenses not included in lines 4 or 5 of this form or on School               | edule I: Yo  | ur Income.     |                               |
| 20a. M            | ortgages on other property   | 20a.         | \$             | 0.00                          |
| 20b. Re           | eal estate taxes   | 20b.         | \$             | 0.00                          |
| 20c. Pr           | roperty, homeowner's, or renter's insurance  | 20c.         | \$             | 0.00                          |
| 20d. M            | aintenance, repair, and upkeep expenses  | 20d.         | \$             | 0.00                          |
|                   | omeowner's association or condominium dues   | 20e.         | \$             | 0.00                          |
| 1. Other: S       | Specify:   | 21.          |                | 0.00                          |
|                   |  |              | · Ψ            | 0.00                          |
| 2. Calculat       | te your monthly expenses   |              |                |                               |
| 22a. Add          | d lines 4 through 21.  |              | \$             | 1,565.00                      |
| 22b. Cor          | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2              |              | \$             | -                             |
|                   | d line 22a and 22b. The result is your monthly expenses.                                   |              | \$             | 1,565.00                      |
| 220. MUC          | a into 22a and 22b. The result is your monthly expenses.                                   |              | Ψ              | 1,303.00                      |
| 3. Calculat       | te your monthly net income.  |              |                |                               |
|                   | opy line 12 (your combined monthly income) from Schedule I.                                | 23a.         | \$             | 1,587.00                      |
|                   | opy your monthly expenses from line 22c above.   | 23b.         | ·              | 1,565.00                      |
|                   | 1,,,   |              |                |                               |
| 23c. St           | ubtract your monthly expenses from your monthly income.                                    |              |                |                               |
|                   | he result is your <i>monthly net income</i> .  | 23c.         | \$             | 22.00                         |
|                   |  |              |                |                               |
| 24. <b>Do you</b> | expect an increase or decrease in your expenses within the year after your                 | ou file this | form?          |                               |
| For exam          | ple, do you expect to finish paying for your car loan within the year or do you expect you |              |                | ease or decrease because of a |
| modificati        | ion to the terms of your mortgage?   |              |                |                               |
| ■ No.             |  |              |                |                               |
| ☐ Yes.            | Explain here:  |              |                |                               |

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| Fill in this infor              | mation to identify your                            | case:                     |                          |                             |                                   |
|---------------------------------|--|---------------------------|--------------------------|-----------------------------|-----------------------------------|
| Debtor 1                        | Robert J Dunne                                     |                           |                          |                             |                                   |
|                                 | First Name   | Middle Name               | Last Name                |                             |                                   |
| Debtor 2<br>(Spouse if, filing) | First Name   | Middle Name               | Last Name                |                             |                                   |
|                                 |  |                           |                          |                             |                                   |
| United States Ba                | ankruptcy Court for the:                           | NORTHERN DISTRIC          | T OF ILLINOIS            |                             |                                   |
| Case number                     |  |                           |                          |                             |                                   |
| (if known)                      |  |                           |                          |                             | ☐ Check if this is an             |
|                                 |  |                           |                          |                             | amended filing                    |
|                                 |  |                           |                          |                             |                                   |
| O#:-:-!                         | 400D   |                           |                          |                             |                                   |
| Official For                    |  |                           |                          |                             |                                   |
| Declarat                        | tion About a                                       | an Individua              | l Debtor's S             | Schedules                   | 12/15                             |
|                                 |  |                           |                          |                             |                                   |
| f two married p                 | eople are filing togethe                           | r, both are equally respo | onsible for supplying o  | correct information.        |                                   |
| Vou must file th                | is form whonover you fi                            | lo bankruntov schodulo    | s or amonded schodul     | los Makina a falso statom   | nent, concealing property, or     |
|                                 |  |                           |                          |                             | or imprisonment for up to 20      |
|                                 | 8 U.S.C. §§ 152, 1341, 1                           |                           | mapicy case can reca     | ap 10 4200,000,             | or imprisormion to up to 20       |
|                                 |  |                           |                          |                             |                                   |
|                                 |  |                           |                          |                             |                                   |
| Sig                             | n Below  |                           |                          |                             |                                   |
| Didoo                           |  |                           |                          | .t. b. a.u.l                |                                   |
| Dia you pa                      | ly or agree to pay some                            | one who is NOT an atto    | rney to neip you fill of | it bankruptcy forms?        |                                   |
| ■ No                            |  |                           |                          |                             |                                   |
| —<br>П Уос                      | Name of person                                     |                           |                          | Attach Pankri               | uptcy Petition Preparer's Notice, |
| ☐ Yes.                          | Maine or person                                    |                           |                          |                             | and Signature (Official Form 119) |
|                                 |  |                           |                          | , ,                         | , , ,                             |
|                                 |  | 4.41. 14                  |                          |                             |                                   |
|                                 | alty of perjury, I declare<br>re true and correct. | that I have read the sur  | nmary and schedules i    | filed with this declaration | and                               |
| X /s/ Rol                       | bert J Dunne                                       |                           | X                        |                             |                                   |
|                                 | t J Dunne  |                           |                          | of Debtor 2                 |                                   |
| Signatu                         | re of Debtor 1                                     |                           |                          |                             |                                   |
| Date                            | June 11. 2018                                      |                           | Date                     |                             |                                   |

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| Fill i         | n this inforn             | nation to identify you                      | ır case:                                   |   |  |   |
|----------------|---------------------------|---|--|---|--|---|
| Debt           | or 1                      | Robert J Dunne                              |  |   |  |   |
|                |                           | First Name                                  | Middle Name                                | Last Name   |  |   |
| Debt<br>(Spous | or 2<br>se if, filing)    | First Name                                  | Middle Name                                | Last Name   |  |   |
| Unite          | ed States Ba              | nkruptcy Court for the:                     | NORTHERN DISTRICT                          | OF ILLINOIS   |  |   |
| Cooc           | number                    |   |  |   |  |   |
| (if kno        |                           |   |  |   |  | Check if this is an amended filing                    |
|                |                           | rm 107                                      | Affaira far Indivi                         | duala Filipa for B  | lankruntav                                 |   |
| Sta            | tement                    | of Financial                                | Attairs for indivi-                        | duals Filing for B  | ankruptcy                                  | 4/16  |
| inforr<br>numb | mation. If moer (if known | ore space is needed<br>n). Answer every que | , attach a separate sheet to estion.       | are filing together, both are<br>this form. On the top of an                                |  |   |
| Part           | 1E Give D                 | Details About Your M                        | arital Status and Where Yo                 | u Lived Before  |  |   |
| 1. \           | What is you               | r current marital stat                      | us?  |   |  |   |
| [              | ☐ Married                 |   |  |   |  |   |
| ı              | Not mar                   | rried                                       |  |   |  |   |
| 2. I           | Ouring the la             | ast 3 vears. have vou                       | lived anywhere other than                  | where you live now?   |  |   |
|                | _                         | , , ,                                       |  |   |  |   |
| ا<br>ا         | ■ No<br>□ Ves Lis         | et all of the places you                    | lived in the last 3 years. Do n            | ot include where you live now   | ı  |   |
|                |                           | . ,   | iived iii tiie last o years. Do ii         | ŕ   |  |   |
|                | Debtor 1 Pr               | ior Address:                                | Dates Debtor 1 lived there                 | Debtor 2 Prior Ad   | ldress:                                    | Dates Debtor 2<br>lived there                         |
|                |                           |   |  | gal equivalent in a commun<br>evada, New Mexico, Puerto R                                   |  |   |
|                | <b>-</b> N.               |   |  |   |  |   |
| I              | ■ No<br>□ Yes. Ma         | ake sure you fill out <i>Sc</i>             | hedule H: Your Codebtors (C                | Official Form 106H).  |  |   |
| Part           | 2 Explai                  | in the Sources of You                       | ur Income                                  |   |  |   |
|                | •                         |   |  |   |  |   |
| F              | Fill in the tota          | al amount of income yo                      | ou received from all jobs and              | ng a business during this yeall businesses, including parter together, list it only once ur | -time activities.                          | endar years?  |
| ]<br>]         | ■ No<br>□ Yes. Fill       | I in the details.                           |  |   |  |   |
|                |                           |   | Debtor 1                                   |   | Debtor 2                                   |   |
|                |                           |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)                                       | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |
|                |                           |   |  | ,   |  | ,   |

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| 5. | Include include and other   | come regard<br>public benefi                           | ess of wheth<br>t payments;  | er that inco<br>pensions; re  | me is taxable. E<br>ental income; in   | Examples<br>terest; div                                   |  | alimony; child su<br>cted from lawsui   | ts; royalties;   | Security, unemployme and gambling and lotter  |
|----|-----------------------------|--|--|---|--|---|--|---|--|---|
|    | List each                   | source and th  | ne gross inco  | me from ea  | ich source sepa  | rately. Do  | not include income   | that you listed in  | line 4.  |   |
|    | □ No ■ Yes.                 | Fill in the de   | tails.   |   |  |   |  |   |  |   |
|    |                             |  |  | Debtor 1  |  |   |  | Debtor 2  |  |   |
|    |                             |  |  | Sources of Describe b   |  | each<br>(befo   | ss income from<br>n source<br>ore deductions and<br>usions)  | Sources of Describe bel   |  | Gross income<br>(before deductions<br>and exclusions)                                 |
|    |                             | 1 of currentiled for ban                               |  | Social Senefits   |  |   | \$7,935.00   |   |  |   |
|    | r last calen<br>anuary 1 to | dar year:<br>December 3                                | 31, 2017 )   | Social Se<br>Benefits   |  |   | \$19,044.00  |   |  |   |
|    |                             | dar year bef<br>December 3                             |  | Social Se<br>Benefits   |  |   | \$19,044.00  |   |  |   |
| 6. | Are either □ No.  ■ Yes.    | Neither De individual puring the No. Yes               | btor 1 nor E<br>rimarily for a<br>90 days befor<br>Go to line 7<br>List below 6<br>paid that cr<br>not include<br>o adjustment | personal, for you filed to each creditor. Do no payments to con 4/01/19 | amily, or housel<br>for bankruptcy,<br>r to whom you p<br>ot include paym<br>o an attorney fo<br>and every 3 ye<br>e primarily con | did you poaid a total ents for d r this bank ears after t | ebts. Consumer debose."  ay any creditor a total of \$6,425* or more omestic support oblications cases. hat for cases filed or | al of \$6,425* or i<br>in one or more i<br>gations, such as<br>n or after the dat | more?<br>payments and<br>child suppor<br>e of adjustme | 101(8) as "incurred by a<br>d the total amount you<br>t and alimony. Also, do<br>ent. |
|    |                             | □ No. ■ Yes  |  | each credito<br>ments for d   | omestic suppor   |   | ll of \$600 or more an   |   |  | nat creditor. Do not<br>ot include payments to a                                      |
|    | Creditor'                   | s Name and   | Address  |   | Dates of payr  | nent  | Total amount paid  | Amount you  |  | s payment for   |
|    | Attn: Ba<br>601 Nw          | n Financia<br>Inkruptcy<br>2nd Street<br>Ille, IN 4770 |  |   |  |   | \$1,434.00   | \$12,423.00   | ☐ Morto ☐ Car ☐ Credi ☐ Loan                           | it Card<br>Repayment<br>liers or vendors  |

Case 18-16655 Doc 1 Filed 06/11/18 Entered 06/11/18 16:38:59 Desc Main Document Page 40 of 59 Debtor 1 **Robert J Dunne** Case number (if known) Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. Insider's Name and Address Amount you Reason for this payment Dates of payment **Total amount** still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider Insider's Name and Address Reason for this payment Dates of payment **Total amount** Amount you still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? 9 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Status of the case Court or agency Case number Ford Motor Credit Co vs ROBERT **JUDGMENT COOK COUNTY, ILLINOIS -**□ Pending DUNNE 1ST MUNICIPAL DI □ On appeal □ Concluded - 13,555.24 Internal Revenue Service vs **FEDERAL TAX COOK RECORDER OF** Pending **ROBERT DUNNE LIEN RELEASE DEEDS** □ On appeal 1416101281 □ Concluded - 10,689.00 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11.

☐ Yes. Fill in the information below

**Creditor Name and Address Describe the Property** Date Value of the property **Explain** what happened

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

Nο

Yes. Fill in the details.

**Creditor Name and Address** Describe the action the creditor took Date action was Amount taken

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- - No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred

Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Date of your loss

Value of property lost

Part 7: List Certain Payments or Transfers

Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

Yes. Fill in the details.

**Tucson, AZ 85712** 

Person Who Was Paid Description and value of any property Date payment Amount of or transfer was transferred **Address** payment **Email or website address** made Person Who Made the Payment, if Not You Gleason & Gleason LLC \$90.00 attorney fees plus \$335.00 court 2018 \$425.00 77 W. Washington, Ste 1218 filing fee. Chicago, IL 60602 http://chilawyers.com **Summit Financial Education Inc Credit Counseling** 2018 \$14.95 4800 E Flower St

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Debtor 1 Robert J Dunne

| 17. | Within 1 year before you filed for bankrupt promised to help you deal with your credit Do not include any payment or transfer that your No  | ors or to make payments  |                               |                | transfer any proper                              | ty to anyone who                              |
|-----|---|--|-------------------------------|----------------|--|---|
|     | Yes. Fill in the details.  Person Who Was Paid  Address   | Description and v  | alue of any proper            | rty            | Date payment or transfer was made                | Amount of payment                             |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your Include both outright transfers and transfers include gifts and transfers that you have alreated No  Yes. Fill in the details. | <b>business or financial affa</b><br>nade as security (such as t         | nirs?<br>he granting of a sec |                |  |   |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you   | Description and v property transfer                                      |                               |                | ny property or<br>eceived or debts<br>hange      | Date transfer was made                        |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-p. No  □ Yes. Fill in the details.   |  | y property to a sel           | f-settled trus | st or similar device o                           | f which you are a                             |
|     | Name of trust   | Description and v  | alue of the proper            | ty transferre  | d  | Date Transfer was made                        |
| Par | List of Certain Financial Accounts, In  | nstruments, Safe Deposit   | Boxes, and Stora              | ge Units       |  |   |
| 20. | Within 1 year before you filed for bankrupt sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso   | or other financial accoun  | nts; certificates of          |                | -  |   |
|     | Yes. Fill in the details.   |  |                               |                |  |   |
|     | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)  | Last 4 digits of account number  | Type of account instrument    | clos<br>mov    | e account was<br>ed, sold,<br>red, or<br>sferred | Last balance<br>before closing or<br>transfer |
| 21. | Do you now have, or did you have within 1 cash, or other valuables?   | year before you filed for  | bankruptcy, any s             | safe deposit l | box or other deposit                             | ory for securities,                           |
|     | ■ No □ Yes. Fill in the details.  |  |                               |                |  |   |
|     | Name of Financial Institution Address (Number, Street, City, State and ZIP Code)  | Who else had acc<br>Address (Number, S<br>State and ZIP Code)            |                               | escribe the co | ontents  | Do you still have it?                         |
| 22. | Have you stored property in a storage unit  | or place other than your   | home within 1 year            | ar before you  | ı filed for bankruptc                            | y?  |
|     | ■ No □ Yes. Fill in the details.  |  |                               |                |  |   |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)   | Who else has or h<br>to it?<br>Address (Number, S<br>State and ZIP Code) |                               | escribe the co | ontents  | Do you still have it?                         |
|     |   |  |                               |                |  |   |

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Debtor 1 Robert J Dunne

| Par | t 9: Identify Property You Hold or Control for   | Someone Else  |  |                       |  |
|-----|--|---|--|-----------------------|--|
| 23. | Do you hold or control any property that someofor someone.   | ne else owns? Include any proper  | rty you borrowed from, are storing fo  | r, or hold in trust   |  |
|     | ■ No □ Yes. Fill in the details.   |   |  |                       |  |
|     | Owner's Name Address (Number, Street, City, State and ZIP Code)  | Where is the property?<br>(Number, Street, City, State and ZIP            | Describe the property                  | Value                 |  |
|     |  | Code)   |  |                       |  |
|     | t 10: Give Details About Environmental Informa   |   |  |                       |  |
| For | the purpose of Part 10, the following definitions  | apply:  |  |                       |  |
|     | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these substances. | ir, land, soil, surface water, ground                                     |  |                       |  |
|     | Site means any location, facility, or property as to own, operate, or utilize it, including disposal   | -   | law, whether you now own, operate,     | or utilize it or used |  |
|     | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or s  |   | s waste, hazardous substance, toxic    | substance,            |  |
| Rep | ort all notices, releases, and proceedings that yo   | ou know about, regardless of wher   | n they occurred.                       |                       |  |
| 24. | Has any governmental unit notified you that you  | u may be liable or potentially liable                                     | e under or in violation of an environm | ental law?            |  |
|     | ■ No □ Yes. Fill in the details.   |   |  |                       |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State an<br>ZIP Code) | Environmental law, if you know it      | Date of notice        |  |
| 25. | Have you notified any governmental unit of any   | release of hazardous material?  |  |                       |  |
|     | ■ No   |   |  |                       |  |
|     | Yes. Fill in the details.  |   |  |                       |  |
|     | Name of site Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State an ZIP Code)       | Environmental law, if you know it      | Date of notice        |  |
| 26. | Have you been a party in any judicial or adminis   | strative proceeding under any envi  | ironmental law? Include settlements    | and orders.           |  |
|     | ■ No □ Yes. Fill in the details.   |   |  |                       |  |
|     | Case Title Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Nature of the case                     | Status of the case    |  |
| Par | Part 11: Give Details About Your Business or Connections to Any Business   |   |  |                       |  |
| 27. | Within 4 years before you filed for bankruptcy,  | did you own a business or have ar   | ny of the following connections to an  | y business?           |  |
|     | ☐ A sole proprietor or self-employed in a t  | •   | ,                                      | ,                     |  |
|     | ☐ A member of a limited liability company  | (LLC) or limited liability partnersh                                      | nip (LLP)                              |                       |  |
|     | ☐ A partner in a partnership   |   |  |                       |  |
|     | ☐ An officer, director, or managing executive of a corporation   |   |  |                       |  |

lacksquare An owner of at least 5% of the voting or equity securities of a corporation

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Case number (if known) Document Debtor 1 Robert J Dunne

|            | No. None of the above applies. Go to F  | Part 12.  |   |
|------------|---|---|---|
|            | ☐ Yes. Check all that apply above and fill  | in the details below for each business.         |   |
|            | Business Name<br>Address  | Describe the nature of the business             | Employer Identification number Do not include Social Security number or ITIN.   |
|            | (Number, Street, City, State and ZIP Code)  | Name of accountant or bookkeeper                | Dates business existed  |
| 28.        | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | ccy, did you give a financial statement to an   | yone about your business? Include all financial   |
|            | ■ No □ Yes. Fill in the details below.  |   |   |
|            | Name<br>Address<br>(Number, Street, City, State and ZIP Code)                           | Date Issued                                     |   |
| Par        | 12: Sign Below  |   |   |
| are t      |   | false statement, concealing property, or ob     | eclare under penalty of perjury that the answers<br>staining money or property by fraud in connection<br>rs, or both. |
| /s/        | Robert J Dunne  |   |   |
|            | pert J Dunne<br>nature of Debtor 1  | Signature of Debtor 2                           |   |
| Dat        | June 11, 2018   | Date  |   |
| Did<br>■ N | •   | ent of Financial Affairs for Individuals Filing | for Bankruptcy (Official Form 107)?   |
| Did<br>■ N | ou pay or agree to pay someone who is not   | t an attorney to help you fill out bankruptcy   | forms?  |

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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| Debtor 1  | Robert J Dunne   |   |  |                       |
|---|--|---|--|-----------------------|
|   | First Name   | Middle Name   | Last Name  |                       |
| Debtor 2  |  |   |  |                       |
| (Spouse if, filing)   | First Name   | Middle Name   | Last Name  |                       |
| United States Ba  | ankruptcy Court for the:   | NORTHERN DISTRICT   | OF ILLINOIS  |                       |
| Case number _   |  |   |  |                       |
| (if known)  |  |   |  | ☐ Check if this is an |
|   |  |   |  | amended filing        |
| -   |  | n for Individu  | ıals Filing Under  |                       |
| you are an ind  | nt of Intentio   | pter 7, you must fill out t   |  |                       |
| i you are an ind<br>creditors hav<br>you have leas<br>ou must file thi    | ividual filing under cha<br>e claims secured by your sed personal property a<br>is form with the court we ever is earlier, unless the      | pter 7, you must fill out t<br>ur property, or<br>and the lease has not exp<br>vithin 30 days after you fi                              | his form if:<br>ired.<br>Ie your bankruptcy petition or b                                  |                       |
| you are an ind creditors hav you have leas ou must file thi whiche on the | ividual filing under cha<br>e claims secured by your sed personal property a<br>is form with the court we ever is earlier, unless the form | pter 7, you must fill out t<br>ur property, or<br>and the lease has not exp<br>vithin 30 days after you fi<br>le court extends the time | his form if:<br>ired.<br>le your bankruptcy petition or b<br>for cause. You must also send | Chapter 7 12/15       |

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
|---|---|--|
| Creditor's  | ☐ Surrender the property.                                       | □ No   |
| name:   | ☐ Retain the property and redeem it.                            |  |
| Description of  | Retain the property and enter into a Reaffirmation Agreement.   | Yes  |
| property  | ☐ Retain the property and [explain]:                            |  |
| securing debt:  |   |  |
| Creditor's  | ☐ Surrender the property.                                       | □ No   |
| name:   | ☐ Retain the property and redeem it.                            |  |
| Description of  | Retain the property and enter into a Reaffirmation Agreement.   | ☐ Yes  |
| property  | Retain the property and [explain]:                              |  |
| securing debt:  |   |  |
| Creditor's  | ☐ Surrender the property.                                       | □ No   |
| name:   | ☐ Retain the property and redeem it.                            |  |
| Description of  | Retain the property and enter into a Reaffirmation Agreement.   | ☐ Yes  |
| property  | Retain the property and [explain]:                              |  |
| securing debt:  |   |  |
| Creditor's  | ☐ Surrender the property.                                       | □ No   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1         | Robert J Dunne                              | Case number (if known)  |                                   |
|------------------|---|---|-----------------------------------|
| name:<br>Descrip |   | ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement.  | ☐ Yes                             |
|                  | ng debt:                                    | ☐ Retain the property and [explain]:  | _                                 |
| For any u        | ormation below. Do not list real estate lea | Leases u listed in Schedule G: Executory Contracts and Unexpire ses. Unexpired leases are leases that are still in effect; the lease if the trustee does not assume it. 11 U.S.C. § 365(p)( | e lease period has not yet ended. |
| Describe         | your unexpired personal property lease      | s   | Will the lease be assumed?        |
|                  | on of leased                                |   | □ No                              |
| Property:        |   |   | ☐ Yes                             |
| Lessor's r       | name:<br>on of leased                       |   | □ No                              |
| Property:        |   |   | ☐ Yes                             |
| Lessor's r       | name:<br>on of leased                       |   | □ No                              |
| Property:        |   |   | ☐ Yes                             |
| Lessor's r       | name:<br>on of leased                       |   | □ No                              |
| Property:        |   |   | ☐ Yes                             |
| Lessor's r       | name:<br>on of leased                       |   | □ No                              |
| Property:        |   |   | ☐ Yes                             |
| Lessor's r       | name:<br>on of leased                       |   | □ No                              |
| Property:        |   |   | ☐ Yes                             |
| Lessor's r       | name:<br>on of leased                       |   | □ No                              |
| Property:        |   |   | ☐ Yes                             |
| Part 3:          | Sign Below                                  |   |                                   |
| Under per        |   | cated my intention about any property of my estate that se  | cures a debt and any personal     |
| X /s/ F          | Robert J Dunne                              | X   |                                   |
| Rob              | pert J Dunne<br>lature of Debtor 1          | Signature of Debtor 2   |                                   |
| Date             | June 11, 2018                               | Date  |                                   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.</a>

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

### United States Bankruptcy Court Northern District of Illinois

| In re | Robert J Dunne  |   | Case No.     |    |  |
|-------|---|---|--------------|----|--|
|       |   | Debtor(s)   | Chapter 7    |    |  |
|       | VE  | CRIFICATION OF CREDITOR N                             | MATRIX       |    |  |
|       |   | Number o  | f Creditors: | 15 |  |
|       | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. |   |              |    |  |
| Date: | June 11, 2018   | /s/ Robert J Dunne Robert J Dunne Signature of Debtor |              |    |  |

Acceptance Now Attn: Acceptancenow Customer Service / B 5501 Headquarters Dr Plano, TX 75024

Americollect Po Box 1566 1851 South Alverno Road Manitowoc, WI 54221

Atg Credit 1700 West Cortland Street Suite 201 Chicago, IL 60622

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Credit One Bank Attn: Bankruptcy Po Box 98873 Las Vegas, NV 89193

ERC/Enhanced Recovery Corp Attn: Bankruptcy 8014 Bayberry Road Jacksonville, FL 32256

First Premier Bank 601 S Minnesota Ave Sioux Falls, SD 57104

Ford Motor Credit 12110 Emmet St. Omaha, NE 68164

Illinois Department of Revenue Bankruptcy Section PO Box 64338 Chicago, IL 60664-0338 Illinois Dept of Employment Securit Bankruptcy Unit Collection Subdivis 33 S State St 10th Floor Chicago, IL 60603

Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346

Jefferson Capital Systems, LLC Po Box 1999 Saint Cloud, MN 56302

Med Business Bureau 1460 Renaissance Dr #400 Park Ridge, IL 60068

Merchants Credit 223 W Jackson Blvd Ste 700 Chicago, IL 60606

OneMain Financial Attn: Bankruptcy 601 Nw 2nd Street Evansville, IN 47708 Case 18-16655 Doc 1 Filed 06/11/18 Entered 06/11/18 16:38:59 Desc Main Document Page 54 of 59

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Northern District of Illinois

| In r | re Robert J Dunne  |  | Case No.                                    |                                      |
|------|--|--|---|--------------------------------------|
|      |  | Debtor(s)  | Chapter                                     | 7                                    |
|      | DISCLOSURE OF COMPEN   | SATION OF ATTO   | RNEY FOR D                                  | EBTOR(S)                             |
| 1.   | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation or  | g of the petition in bankruptcy                                  | , or agreed to be paid                      | d to me, for services rendered or to |
|      | For legal services, I have agreed to accept  |  | \$  | 940.00                               |
|      | Prior to the filing of this statement I have received  |  | \$  | 425.00                               |
|      | Balance Due  |  |   | 515.00                               |
| 2.   | \$ of the filing fee has been paid.  |  |   |                                      |
| 3.   | The source of the compensation paid to me was:   |  |   |                                      |
|      | ■ Debtor □ Other (specify):  |  |   |                                      |
| 4.   | The source of compensation to be paid to me is:  |  |   |                                      |
|      | ■ Debtor □ Other (specify):  |  |   |                                      |
| 5.   | ■ I have not agreed to share the above-disclosed compe   | ensation with any other person                                   | n unless they are mer                       | nbers and associates of my law firm. |
|      | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name  |  |   |                                      |
| 6.   | In return for the above-disclosed fee, I have agreed to rer  | nder legal service for all aspec                                 | cts of the bankruptcy                       | case, including:                     |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and render</li> <li>b. Preparation and filing of any petition, schedules, state</li> <li>c. Representation of the debtor at the meeting of creditor</li> <li>d. [Other provisions as needed]</li> <li>a. Analysis of the debtor's financial situate petition in bankruptcy;</li> </ul> | ment of affairs and plan which<br>rs and confirmation hearing, a | th may be required;<br>and any adjourned he | arings thereof;                      |
|      | b. Preparation and filing of any petition,   | schedules, statements of   | affairs and plan                            | which may be required;               |
|      | <ul> <li>c. Representation of the debtor at the me<br/>thereof;</li> </ul>   | eeting of creditors and co                                       | onfirmation hearin                          | g, and any adjourned hearings        |
| 7.   | By agreement with the debtor(s), the above-disclosed fee a. Representation of the debtors in any oproceeding.  |  |   | ances, or any other adversary        |
|      | b. Debtor is responsible for the 2 manda   | tory credit counseling cl  | asses.                                      |                                      |
|      | c. This fee agreement does not include r   | epresentation in motions   | s to redeem.                                |                                      |

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| In re | Robert J Dunne | Case No. |  |
|-------|----------------|----------|--|
|       | Debtor(s)      |          |  |

### DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

|  | CERTIFICATION  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| I certify that the foregoing is a complete state this bankruptcy proceeding. | ement of any agreement or arrangement for payment to me for representation of the debtor(s) in   |  |  |  |  |  |
| June 11, 2018  Date  | /s/ Julie M Gleason Julie M Gleason 6273536 Signature of Attorney Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 (312) 578-9530 Fax: (312) 578-9524 troy@chicagobk.com Name of law firm |  |  |  |  |  |



### Gleason & Gleason

#### Chapter 7 Information and Advice

Attorney fees \$940 + Court costs \$335 + \$1275 total costs
Payment Plan: 3 payments of \$425 H all fees are not paid prior to the filing of your case, you will be asked to sign a post-petition fee agreement for services rendered after the filing of your case.

Fees Cover: Intake appointment with attorney, petition preparation, representation at your first meeting of creditors, answering creditor calls and requests.

FEES DO NOT COVER: Credit counseling - there are 2 MANDATORY CLASSES. Additional litigation for adversaries, redemptions, defense of motions brought on behalf of a creditor or a trustee, or conversion of a chapter 7 to a chapter 13. You will be charged \$30 to add any creditors after the case is filed. You will be charged \$100 for us to attend a second meeting of creditors if you miss your first meeting. If your case is closed for failure to take the second class, the court will require you to pay \$260 to reopen the case.

Initial here: I understand it is the policy of Gleason and Gleason that I am required to take my second class between case filing and my first 341 meeting of creditors. I understand that if my case closes without discharge and my certificate is dated after the first 341 meeting of creditors it is my responsibility to pay \$260 to reopen it.

Typical dischargeable debts: credit cards, medical bills, utilities, unsecured judgineats, repossessions, personal loans, Loans

Non dischargeable debts: Alimony, child support, debts owed under a divorce decree, student loans, traffic tickets, parking tickets, fines, criminal restitution, debt for personal injury or death related to a DUI, overpayment of government venefits, taxes. Co-signors are still responsible for debts. Credit card charges over \$500 in the last 90 days and cash advances over \$750 in the last 70 days may not be discharged.

Secured Loans Surrendering: (House Car|Furniture|Jewelry) If you are surrendering a car or a house you are still responsible for tickets, code violations, HOA Fees etc until ownership\title is transferred - usually through a sale, like an auction of the car or house. Title is not transferred through the bankruptcy process. You will be responsible for utilities if not disconnected. Loans through municipal credit unions may be secured by pensions. Credit union loans may be cross collateralized with other credit union loans.

Secured Loans Keeping: Initial here: I understand I must continue to make regular payments on all secured loans I am keeping. I may have to mail in payments as auto debit and check by phone may be disabled until a debt is reaffirmed. I understand I am required to maintain insurance. I understand that if I am keeping a property I must pay all mortgages including but not limited to 2nd mortgages and home equity lines of credit.

Payday Loans Aytodebits Post dated checks: You must stop them with your bank. It may require closing the bank account. Utilities: If you bankrupt your utilities they are allowed to charge a deposit for future service and you must pay for any service used after your filing date forward. If you bankrupt a phone or cellular service they may discontinue service.

.Credit reporting: We pull credit reports from Transunion and Experian. We cannot guarantee the accuracy or completeness of the reports. Some creditors do not report to credit bureaus. It is your responsibility to review the report and inform us of any missing

Gleason and Gleason does not perform and this contract does not include any services relating to credit repair or correcting inaccurate credit reports. Credit bureaus may or may not report information regarding payments on cars or real estate you are keeping.

Clients agree that they have received the following documents: copy of this retainer agreement, list of required items to file bankruptcy, debtor's duties as required under sec. 521, notice required by sec 527(a)(2), notice required by sec 527(b). Checks may be deposited electronically. Client agrees to pay reasonable attorney fees if collections become pecessary.

**Refund Policy:** If Client wants to terminate Gleason and Gleason, Client must notify Gleason and Gleason in writing. Gleason and Gleason will then perform an accounting of time and services performed and issue a refund check (if applicable) within a reasonable time. For the purpose of determining the refund due, Gleason and Gleason's current hourly rate is \$300 an hour for attorney time.

| Client        | Dume | Attorney | / / |   |
|---------------|------|----------|-----|---|
|               |      |          |     | *************************************** |
| Joint Clients |      |          |     |   |



Go to website: www.summitfe.org



BEFORE BANKRUPTCY FILING

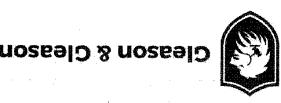
- \$14.95 (pick the cheapest option)
- When it asks you to upgrade click "no thanks"
- When you create an account enter "Gleason" for lawyers name
- AFTER YOU PAY FOR THE CLASS YOU MUST COMPLETE THE CHAT PORTION OF THE CLASS FOR A CERTIFICATE TO BE ISSUED. THE CLASS IS NOT OVER UNTIL YOU SEE YOUR CERTIFICATE.
- They will automatically send us a copy of the certificate.



Take after getting a case number and before your bankruptcy hearing.

 $\sqrt{$9.95}$  (Pick cheapest option)

- Summit will automatically file the certificate with the court when you complete it and they will send us a copy
- If you do not complete the class your case will close at the end, without discharge, and the court charges \$260 to reopen it, file the certificate and receive a discharge.



| 101ИТ СПЕИТ   |
|---|
| DATE CLIENT ATTORNEY  |
| FAILURE TO PAY - IN A CASE UNDER CHAPTER 7 OF THE BANKRUPTCY CODE, INCLUDING A CASE CONVERTED FROM CHAPTER 13, WHERE (1) THE DEBTOR'S ATTORNEY FOR SERVICES RENDERED PROM REPRESENT THE DEBTOR OF THE DEBTOR ON THE DEBTOR REFUSES TO ENTER INTO SUCH AN AGREEMENT, THE COURT MAY ALLOW THE ATTORNEY FOR SERVICES RENDERED FROM REPRESENTATION OF THE DEBTOR ON MOTION OF THE ATTORNEY.   |
| LOCAL RULE 2091-1 (B) DISCLOSURE WITHDRAWAL DDITION, AND SUBSTITUTION OF COUNSEL  |
| I UNDERSTAND THAT FEES PAID OR TO BE PAID ARE A FLAT FEE WHICH SHALL IMMEDIATELY BECOME PROPERTY OF GLEASON AND GLEASON IN AN EXCHANGE FOR GENERAL COMMITMENT BY GLEASON AND GLEASON.  EXPRENSES OF GLEASON AND GLEASON.  |
| CLIENT UNDERSTANDS THAT ONCE THE BANKRUPTCY CASE IS FILED THEY WILL NOT BE LEGALLY OBLIGATED FOR ANY OTHER FEES UNLESS AND UNTIL THEY ARE WITHIN 10 DAYS OF THE FILING OF MY CASE. CLIENT UNDERSTANDS THEY ARE WITHIN 10 DAYS OF THE FILING OF MY RESERVES HE RIGHT TO WITHER WITHER HERD TO ENTER INTO AND MAY REFUSE TO SIGN THE SECOND RETAINER WITHIN 10 DAYS OF THE FILING OF MY CASE. CLIENT MAY SEEK OTHER WITHOUT IN THE EVENT THAT I DO NOT SIGN A SECOND RETAINER WITHIN 10 DAYS OF THE FILING OF MY CASE. CLIENT MAY SEEK OTHER WITHOUT OBLIENT AND SEEK OTHER DOINGSEL IF THEY DO NOT WISH TO BE REPRESENTED FOR A SECOND RETAINER WITHIN 10 DAYS OF THE FILING OF MY CASE. CLIENT MAY SEEK OTHER WITHOUT SIGN AS SEEK OTHER DOINGS OF THE FILING OF MY CASE. |
| SERVICES AND HAVE BEEN GIVEN A COPY OF THE PROPOSED AGREEMENT.  |
| AFTER THE BANKRUPTCY CASE IS FILED I UNDERSTAND THAT I WILL BE PRESENTED WITH A SECOND RETAINER AGREEMENT TO PAY GLEASON AND GLEASON ATTORNEY FEES OF \$  |
| BALANCE DUE FOR PRE-PETITION ATTORNEY FEES AND FILING FEE \$  |
| RETAINED WITH (CASH   CHECK   DEBIT) MONEY ORDER) \$  |
| TOTAL OF PREPETITION SERVICE AND FILING FEE (PAYABLE TO GLEASON AND GLEASON): \$  |
| FILING FEE OF \$ 335.00   |
| THE EARINED FEE FOR THE PREPETITION SERVICE IS \$   |
| THE PRE-PETITION SERVICES ATTORNEY WILL PROVIDE ARE CONSULTATION AND ADVICE, CONTACT AND COMMUNICATION WITH CREDITORS, PREPARATION OF HILMER, MEED STATEMENT OF SOCIAL SECURITY NUMBER, MEENS TEST. CLIENT UNDERSTANDS THAT HE/SHE/THEY ARE SOLEY RESPONSIBLE FOR COMPLETING PRE-FILING CREDIT COUNSELING AND MUST OBTAIN A CERTIFICATE WHICH MUST BE FILED WITH THE COUNSELING. OF THE STATE OF FILING HIS/HER/THEIR PETITION. CLIENT IS RESPONSIBLE FOR ALL COSTS ASSOCIATED WITH SAID COUNSELING. OF THE   |
| THE UNDERSIGNED CLIENT(S) EMPLOYS AND RETAINS GLEASON AND GLEASON, HEREINAFTER, ATTORNEY TO REPRESENT CLIENT(S) IN FILING A VOLUNTARY CHAPTER 7 BANKRUPTCY PETITION   |
| Chapter 7 Bankruptcy Retainer Agreement   |
| Angel A Angieta Despitation of the Angel A  |



## **Gleason & Gleason**

#### Name

|   | Yes   | No |
|---|-------|----|
| Are all your taxes filed?                 |       |    |
| Do You Have Any Outstanding Refunds?      |       |    |
| Do You Owe Any Taxes?                     |       |    |
| Unemployment, Social Security, Public Aid | ***** |    |
| Timeshare                                 |       |    |
| Tuition to Schools – Not Student Loans    |       |    |
| Landlords                                 |       |    |
| Payday Loans                              | in-en | ./ |
| Negative Bank Accounts                    |       |    |
| Pay Pal                                   |       |    |
| Restitution                               |       |    |
| Tickets                                   |       |    |
| Medical Bills                             |       |    |
| Phones, Cable, Utilities                  |       |    |
| Pay or Receive Child Support?             |       |    |
| Any inheritances?                         |       |    |
| Any Items of Unusually High Value?        |       | 1/ |
| Own any real estate in last 5 Years?      |       |    |
| Name on Anyone else's bank                |       |    |
| occt/car/house                            | ,     |    |
| ou cosign for Anyone?                     |       |    |
| Anyone cosign for you]?                   |       |    |
| lave you charged anything, taken out any  |       |    |
| cash advances or taken out any new loans  |       | ,/ |
| n last 90 days.                           | -     |    |
| Oo you have any other social security     |       |    |
| numbers or tax ID numbers?                |       |    |
| Taken any withdrawals over \$3000 in last |       | /  |
| ear?                                      |       | V  |
| lave you charged over \$3000 in a single  |       |    |
| redit card in the last year?              |       |    |
| lave you ever been charged or convicted   |       |    |
| with a financial crime such as fraud or   |       | V  |
| embezzlement.                             |       |    |